

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**
(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

2019 NOV -6 PM 4: 32

BROWARD COUNTY
SUPERVISOR OF ELECTIONS

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

Syretta Debrina Simon

3. Address (include post office box or street, city, state, zip code)

730 SW 1st Way
Pompano Beach, FL 33060

4. Telephone

(561) 239-4881

5. E-mail address

SyrettaSimon@gmail.com

6. Office sought (include district, circuit, group number)

School Board District 5

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation _____ Party candidate.

9. I have appointed the following person to act as my

Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Deloris S. Simon

11. Mailing Address

8565 Windy Circle, Boynton Beach, FL 33472

12. Telephone

(561) 736-0414

13. City

Boynton Beach

14. County

Palm Beach

15. State

FL

16. Zip Code

33472

17. E-mail address

Desimon9000@gmail.com

18. I have designated the following bank as my

Primary Depository Secondary Depository

19. Name of Bank

Chase Bank

20. Address

5000 W. Boynton Bch Blvd

21. City

Boynton Bch

22. County

Palm Beach

23. State

FL

24. Zip Code

33436

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

11.6.2019

26. Signature of Candidate

X 

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Deloris S. Simon, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

November 4, 2019

Date

X 

Signature of Campaign Treasurer or Deputy Treasurer

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

2019 NOV -6 PM 4:48

BROWARD COUNTY
SUPERVISOR OF ELECTIONS

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

Syretta Debrina Simon

3. Address (include post office box or street, city, state, zip code)

730 SW 1st WAY
Pompano Bch FL 33060

4. Telephone

(561) 239 4881

5. E-mail address

syrettasimon@gmail.com

6. Office sought (include district, circuit, group number)

School Board District 5

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation _____ Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Syretta Simon

11. Mailing Address

730 SW 1st WAY

12. Telephone

(561) 239 4881

13. City

Pompano Bch

14. County

Broward

15. State

FL

16. Zip Code

33060

17. E-mail address

syrettasimon@gmail.com

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

Chase Bank

20. Address

5000 W. Boynton Bch Blvd

21. City

Boynton Bch

22. County

Palm Bch

23. State

FL

24. Zip Code

33436

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

11.6.2019

26. Signature of Candidate

X 

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Syretta Simon, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

11.6.2019

Date

X 

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

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BROWARD COUNTY
SUPERVISOR OF ELECTIONS

I, Syretta Simon,
candidate for the office of School Board District 5,

have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X



Signature of Candidate

11.6.2019

Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).